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## BIB DATA SHEET

CONFIRMATION NO. 4008

<b>SERIAL NUMBER</b> 10/052,664	<b>FILING or 371(c) DATE</b> 01/17/2002 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> ROCH-001DIV		
<b>APPLICANTS</b> Paul David Cannon, San Carlos, CA; Suryanarayana Sankuratri, San Mateo, CA;						
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/499,964 02/08/2000 PAT 6,380,374 which claims benefit of 60/119,321 02/09/1999						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/28/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>11</u> <u>[Signature]</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>[Initials]</u>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 1	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> ROCHE PALO ALTO LLC PATENT LAW DEPT. M/S A2-250 3431 HILLVIEW AVENUE PALO ALTO, CA 94304 UNITED STATES						
<b>TITLE</b> HUMAN INTESTINAL NPT2B <u>m</u>						
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			